

Health Safety Net Fax Cover Sheet

MassHealth



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

Please use this cover sheet when faxing or mailing any documents to the MassHealth HSN Review Team.

To: **HSN Review Team**

Fax Number: **617-241-3793**

Date: _____

Pages: _____
(including cover sheet)

Facility Information

Head of Household Information

Facility name: _____ Name: _____

Sender's phone no.: _____ DOB: _____

Sender's name: _____ MassHealth ID no.: _____

Place a checkmark (✓) in the appropriate box below to identify the attached verifications.

☐ HSN Eligibility Review Form (ERV-9)

☐ Income

☐ Other (please specify):

If you have any problems with this fax, please call _____ at

_____. Thank you.

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